MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11392

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Maryland
LENGTH OF STAY (in this place) ~~1 yr.~~
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Maryland
STREET ADDRESS (If rural, give location) 112 Water Street

3. NAME OF DECEASED: (Type or Print) (First) Bobby (Middle) (Last) Atwood

4. DATE OF DEATH: (Month) Oct. (Day) 7 (Year) 1952

5. SEX: M
6. COLOR OR RACE: Wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 10-6-52
9. AGE last birthday: ✓ NB yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours 7 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): newborn
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Elkton, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: J. B. Atwood
14. MOTHER'S MAIDEN NAME: Dorothy Dillon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 776X

Immediate cause (a) Premature Birth — Cause Undetermined — INTERVAL BETWEEN ONSET AND DEATH: 7 hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 6, 1952, to Oct. 7, 1952, that I last saw the deceased alive on Oct. 7, 1952, and that death occurred at 3:45 A.m., from the causes and on the date stated above.

SIGNATURE S. Ralph Andrews Jr. (DEGREE OR TITLE) M.D. ADDRESS Elkton, Md. DATE SIGNED 10/8/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Oct 8, 1952
NAME OF CEMETERY OR CREMATORY Gilpin Manor Memorial Pk
LOCATION (City, town, or county) Nr. Elkton (State) Md.

DATE REC'D BY LOCAL REG. Oct 8
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton, Md.

2002231301

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

RECEIVED
OCT 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11393

CERTIFICATE OF DEATH

Reg. Dist. No. 91

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Chesapeake City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Chesapeake City
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) SAMUEL B. BLANCHFIELD
4. DATE OF DEATH: (Month) (Day) (Year) Oct. 10 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Aug. 20 1871
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Farm Tenant
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Blanchfield
14. MOTHER'S MAIDEN NAME: Rebecca Boats

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs Samuel Blanchfield Chesapeake City Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Cardiovascular renal disease — 1 year

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1952, to Oct 10, 1952, that I last saw the deceased alive on Oct 9, 1952, and that death occurred at 2.30 pm, from the causes and on the date stated above.

SIGNATURE Henry Dons (Degree or title) MD ADDRESS Chesapeake City Md DATE SIGNED 10/12/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 14 1952
NAME OF CEMETERY OR CREMATORY Calton Cem.
LOCATION (City, town, or county) Calton (State) Md

DATE REC'D BY LOCAL REGISTRAR Oct. 13-1952
REGISTRAR'S SIGNATURE Mrs Ralph H Rue
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11394

CERTIFICATE OF DEATH

Reg. Dist. No. 9x

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Elkton
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North East Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) RICHARD (Middle) (Last) BRISCOE

4. DATE OF DEATH: (Month) 10 (Day) 25 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 4-8-1952

9. AGE last birthday: — yrs. IF UNDER 1 YEAR: Months 6, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Elkton, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Willie Daniels

14. MOTHER'S MAIDEN NAME: Deborah Briscoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Deborah Briscoe, North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

481X

Immediate cause (a) Influenza — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 3 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) M. OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Oct, 1952, to 25 Oct, 1952, that I last saw the deceased alive on 25 Oct, 1952, and that death occurred at 6:08 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Klaus H Hunter M.D. ADDRESS North East Md. DATE SIGNED 26 Oct '52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 10-28-52 — NAME OF CEMETERY OR CREMATORY St Marks A.U.M.P. — LOCATION (City, town, or county) North East Rural — (State) Md

DATE REC'D BY LOCAL REG. Oct 28 — REGISTRAR'S SIGNATURE H.R. Frazer

24. FUNERAL DIRECTOR Joseph R. Grant — ADDRESS North East Md

20422414 05

OCT 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11395

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warwick
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) (Last) BROOKS

4. DATE OF DEATH: (Month) Oct (Day) 19 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: June 25, 1890

9. AGE last birthday: 62 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Hand

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Brooks

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Non

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Henry Brooks Warwick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Carcinoma of Prostate — unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 14 19 52 to Oct 19 19 52, that I last saw the deceased alive on Oct 19 19 52, and that death occurred at 2:40 P m., from the causes and on the date stated above.

SIGNATURE Henry Morris MD (DEGREE OR TITLE) ADDRESS Chesapeake City Md DATE SIGNED Oct 20 52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE THEREOF Oct 24 1952 — NAME OF CEMETERY OR CREMATORY Elkton Cem. — LOCATION (City, town, or county) Elkton (State) Md.

DATE REC'D BY LOCAL REG. Oct 24 — REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR Edward Fellows Millington, Md. — ADDRESS

RECEIVED
OCT 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11396

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton.
STREET ADDRESS (If rural, give location) West Main St.

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Alma (Last) Carroll
4. DATE OF DEATH: (Month) Oct. (Day) 1/52 (Year) 19
5. SEX: F.
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 25, 1897
9. AGE last birthday: 56 55 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Elkton, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Irwin H. Deibert
14. MOTHER'S MAIDEN NAME: Katherine Heisler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr. John Carroll . Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Embolism — 10 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hysterectomy — 12 days

(c)

631K

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Complete prolapse of uterus — 5 Years

19a. DATE OF OPERATION: Sept 19. 1952
19b. MAJOR FINDINGS OF OPERATION: Complete prolapse of uterus
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1925, to 10/1, 1952, that I last saw the deceased alive on 10/1, 1952, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE Herbert Bates (Degree or title) M.D. ADDRESS Elkton Md DATE SIGNED 10/3/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct. 4/52 | NAME OF CEMETERY OR CREMATORY: Elkton | LOCATION (City, town, or county) (State): Elkton, Md.

DATE REC'D BY LOCAL REG. Oct 4 | REGISTRAR'S SIGNATURE: F H Brazer

24. FUNERAL DIRECTOR ADDRESS: H. W. Pippin & Son Elkton, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John X (Middle) Wayne (Last) Caton Catron
4. DATE OF DEATH (Month) 10 (Day) 29 (Year) 1952
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 2-28-52
9. AGE last birthday 0 yrs. If under 1 year Months 8 Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Elkton Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wilber Caton
14. MOTHER'S MAIDEN NAME Edith Myers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Edith Caton, Charlestown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

480x Immediate cause (a) Influenza &

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broncho Pneumonia Bilateral

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson (Degree or title) M D Dm E ADDRESS Rising Sun Md DATE SIGNED 10/29-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-1-52
NAME OF CEMETERY OR CREMATORY Methodist
LOCATION (City, town, or county) North East (State) Md
DATE REC'D BY LOCAL REG. Oct 31
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Joseph R. Trank ADDRESS North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Benjamin (Middle) Franklin (Last) Clark
4. DATE OF DEATH (Month) Oct. (Day) 22, (Year) 1952 19
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 7-7-1874
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur
10b. KIND OF BUSINESS OR INDUSTRY Sugar Refinery
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? [illegible]
13. FATHER'S NAME Benjamin Clark
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 212-09-6500A
17. INFORMANT AND ADDRESS Fred F. Clark Sr. Conowingo, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive Cardio Vascular Disease	
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) C Renal involvement - Myocarditis [illegible]	10 days
	(c) Myocarditis	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sun, 1947, to Oct 22, 1952, that I last saw the deceased alive on Oct 21, 1952, and that death occurred at 4:30 PM m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) MD ADDRESS Port Deposit Md DATE SIGNED 10-24-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-25-1952
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. Oct 24, 1952
REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg.
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 72

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
LENGTH OF STAY (in this place): 29
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rural # 2

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural, give location): Rural # 2

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) A, (Last) Davis

4. DATE OF DEATH: (Month) Oct (Day) 26 (Year) 19 52

5. SEX: F

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: 8-25-1863

9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: James Biggs

14. MOTHER'S MAIDEN NAME: Jane Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Samuel B. Davis, Elkton, Md. R D 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 X

Immediate cause (a) Pulmonary Edema — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular renal — 15 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1930, to 10/26, 1952, that I last saw the deceased alive on 10/25, 1952, and that death occurred at 7.30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) / ADDRESS / DATE SIGNED:

Herbert Bates M.D. Elkton Md 10/27/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10-29-52 — NAME OF CEMETERY OR CREMATORY: Bethel Cemetery — LOCATION (City, town, or county) (State): Bethel, Md.

DATE REC'D BY LOCAL REG.: 10-28 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR / ADDRESS: H. M. Pippin & Son Elkton, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 90

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fredericktown
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fredericktown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) A (Last) DONOHOE
4. DATE OF DEATH (Month) 10 (Day) 8 (Year) 1952
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Dec 4, 1925
9. AGE last birthday 26 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender
10b. KIND OF BUSINESS OR INDUSTRY Restaurant
11. BIRTHPLACE (State or foreign country) Wilkerburg Pa.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Donohoe
14. MOTHER'S MAIDEN NAME Mary Dougherty
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS 501 W 21 St Jule Bryan [illegible]ington Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowned.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) River
(CITY OR TOWN) Fredericktown (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 10 (Day) 8 (Year) 52 (Hour) 6 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell into Sasafras River

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE R C Dodson (Degree or title) MD DME. ADDRESS Rising Sun Md DATE SIGNED 10-9-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial & Removal
DATE THEREOF Bur. Oct 14/52
NAME OF CEMETERY OR CREMATORY St Marys
LOCATION (City, town, or county) Hanover Township (State) Pa

DATE REC'D BY LOCAL REG. Oct 10
REGISTRAR'S SIGNATURE Mrs Harold W Cheyney
24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point, Maryland
LENGTH OF STAY (in this place) 23yrs.5mo.25days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE West Virginia COUNTY Clay
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL Clay
STREET ADDRESS (If rural give location) Clay

3. NAME OF DECEASED: (First) GEORGE (Middle) (NMI) (Last) DULANEY
4. DATE OF DEATH: (Month) Oct (Day) 30 (Year) 19 52
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 9-28-1894
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months 1 Days 2 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter Help.
10b. KIND OF BUSINESS OR INDUSTRY: Building Construction
11. BIRTHPLACE (State or foreign country): Broxton, W.Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Anthony C. Dulaney
14. MOTHER'S MAIDEN NAME: Elisa Frisler
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

			Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause	(a) DUE TO	Cardiac failure due to coronary insufficiency	1 day
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Advanced pulmonary tuberculosis	Unknown
	(c)		
11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-5, 1929, to Oct. 30, 1952, the deceased.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. 11-3-52
and that death occurred at 9:56 PM, from the causes and on the date stated above.

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 11-2-52
NAME OF CEMETERY OR CREMATORY Grafton National
LOCATION (City, town, or county) (State) Grafton, W. Va.
DATE REC'D BY LOCAL REGISTRAR Nov. 3 1952
REGISTRAR'S SIGNATURE Ida M. Dougherty act Reg
24. FUNERAL DIRECTOR ADDRESS
PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 192

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-52

1. PLACE OF DEATH:

COUNTY Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Cecil

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
Barbara Jean FEARS	Oct 26 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	Wh.		OCTOBER 25-1952	yrs.	0	0	8	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
—	—	ELKTON	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Robert K. Fears	Mabel Bryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Robert K. Fears Chesapeake City R.D. #4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
7696 Immediate cause	(a) PREMATURITY — (6½ MONTHS GESTATION)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) MATERNAL TOXEMIA	
	DUE TO (c) DIABETES OF MOTHER	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Oct 25 19 52, to Oct 26, 19 52, that I last saw the deceased alive on Oct 25, 19 52, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Hen Davis	MD	Chesapeake City Md	10/26/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 27, 1952	Bethel Cemetery	Bethel Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 27	H R Frazier	H. W. Pippin & Son	Elkton Md

2002353282

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place) 20 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ALEXANDER (Middle) (Last) GASKY
4. DATE OF DEATH (Month) 10 (Day) 10 (Year) 1952
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 8-30-1881
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Old Kinds of Work
11. BIRTHPLACE (State or foreign country) Latria
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Thomas Gasky
14. MOTHER'S MAIDEN NAME no information
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [redacted])
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Records, Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Shock Fat embolism	
901.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Fractured pelvis Contusion left hip with Haematoma	
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm.
(CITY OR TOWN) Glascow (COUNTY) New Castle (STATE) Del.
TIME OF INJURY (Month) 10 (Day) 9 (Year) 52 (Hour) 1025 a.m.
INJURY OCCURRED While at work [X] Not while at work [ ]
HOW DID INJURY OCCUR? Fell while painting 12 feet

22. *I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [X], Inquiry [X] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE R C Dodson MD (Degree or title) DME ADDRESS Rising Sun Md. DATE SIGNED 10-11-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 14, 1952
NAME OF CEMETERY OR CREMATORY St. Rosea Cath.
LOCATION (City, town, or county) Chesapeake City. (State) Md.
DATE REC'D BY LOCAL REG. Oct 13
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton, Md.
D.G.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 91

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa COUNTY Phila
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location) 7489 Pulpehocken ✓

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) (Last) GIBSON
4. DATE OF DEATH (Month) 10 (Day) 12 (Year) 1952
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED Married
8. DATE OF BIRTH 1895
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Tel. & Radio
11. BIRTHPLACE (State or foreign country) Philadelphia Pa
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Patrick Gibson
14. MOTHER'S MAIDEN NAME Ann O'Donnell.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 182-10-7402
17. INFORMANT AND ADDRESS Snellenburgs. Philadelphia Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowned.

350.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Dol Canal. (CITY OR TOWN) Chesapeake City (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 10 (Day) 12 (Year) 52 (Hour) 5 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Boat capsized.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson (Degree or title) MD Dm E ADDRESS Rising Sun Md. DATE SIGNED 10-13-52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Oct 13, 1952
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Philadelphia Pa. (State)
DATE REC'D BY LOCAL REG. Oct 13
REGISTRAR'S SIGNATURE Mrs Ralph H. Rees
24. FUNERAL DIRECTOR H. W. Pepper & Son ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville, Rural
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Allen (Last) Gillespie

4. DATE OF DEATH (Month) Oct. (Day) 14, (Year) 1952 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 2-1-1866

9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam Fitter, Retired

10b. KIND OF BUSINESS OR INDUSTRY U S V. Hospital.

11. BIRTHPLACE (State or foreign country) Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Hugh Gillespie

14. MOTHER'S MAIDEN NAME Mary E. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs Walter L. Simmons, Perryville, Md. Rural

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X Immediate cause (a) Carcinoma Prostate -

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteria Sclerosis - 6 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20 1951, to Oct 13, 1952, that I last saw the deceased alive on Oct. 13, 1952 and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE D. F. Benson (Degree or title) M. D. ADDRESS Port Deposit, Md. DATE SIGNED 10/15/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 10-17-1952

NAME OF CEMETERY OR CREMATORY Hopewell

LOCATION (City, town, or county) (State) Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG. Oct. 15, 1952

REGISTRAR'S SIGNATURE Ida M. Daugherty act. Reg.

24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1405

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-52

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 7mo.10days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D. C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washihgton
STREET ADDRESS (If rural, give location): 403 K. Street, N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) (NMI) (Last) GO-LING

4. DATE OF DEATH: (Month) OCTOBER (Day) 21 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Chinese

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-15-1882

9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundryman

10b. KIND OF BUSINESS OR INDUSTRY: Chinese Laundry

11. BIRTHPLACE (State or foreign country): Portland, Oregon

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: 074122152

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

002X

Immediate cause (a) Cardiac Failure due to coronary artery disease — Interval Between Onset and Death: 1 day

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Pulmonary tuberculosis, advanced — Unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 3-11, 1952, to 10-21, 19 52, [redacted] and that death occurred at 8:35 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

W. OPPLER, M.D. Acting, Chief Professional Services, VAH, Perry Point, Md. 10-24-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: 10-24-52 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. Oct 27 1952 — REGISTRAR'S SIGNATURE: Ida M. Daugherty — FUNERAL DIRECTOR — ADDRESS

Act Reg.

PENNINGTON & SON, Havre de Grace, Md.

OCT 29
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]16

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): ELKTON

LENGTH OF STAY (in this place): 12 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Cecil

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North East

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
MARY	ELIZABETH	ISAACS	10	6	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	APR 21 1866	86 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Penna	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Eli Tasker	Hannah Kennedy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No			Mrs John Hamilton Jr North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
442X Immediate cause	(a) Left cerebral Hemorrhage with right Hemiplegia	13 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive Cardiovascular Renal Disease	5 yrs (?)
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 24 Sept., 19 52, to 6 Oct., 19 52, that I last saw the deceased alive on 6 Oct., 19 52, and that death occurred at 3:20 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Hans H Hueber M.D.		No. 4 East Md	6 Oct 52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 8 1952	Principio Methodist	Principio Furnace Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 8	H B Frazer	Joseph R. Grant	North East Md.

REC
OCT 6
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON
LENGTH OF STAY (in this place) 5 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS UNION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON
STREET ADDRESS (If rural, give location) 135 E. HIGH ST.

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) LAVINA (Last) JEWELL

4. DATE OF DEATH: (Month) OCTOBER (Day) 20 (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: APRIL 26, 1883
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WINFIELD JEWELL
14. MOTHER'S MAIDEN NAME: JANIE R. RAISNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: MRS. REBA E. KEMETHER Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X

Immediate cause (a) Arteriosclerotic hypertensive Cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: Over 2 years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 8, 1952, to Oct. 20, 1952, that I last saw the deceased alive on Oct. 20, 1952, and that death occurred at 7 25 P m., from the causes and on the date stated above.

SIGNATURE S. Ralph Andrews Jr. (DEGREE OR TITLE) M.D. ADDRESS Elkton Md DATE SIGNED Oct. 20, 1952

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF OCT. 24, 1952
NAME OF CEMETERY OR CREMATORY UNION CEMETERY
LOCATION (City, town, or county) near Elkton (State) Md

DATE REC'D BY LOCAL REG. Oct 21
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR R. J. Jones Newark Del ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

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BUREAU V. S.

SURNAME:::: K I R K

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 91

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
LENGTH OF STAY (In this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (2) (First) KIRK (Middle) (1) REED

4. DATE OF DEATH (Month) 10 (Day) 23 (Year) 1952

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, SUICIDE Widower
8. DATE OF BIRTH 12-10-1887
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boat Worker
10b. KIND OF BUSINESS OR INDUSTRY Boat Building
11. BIRTHPLACE (State or foreign country) Bethel Md.
12. CITIZEN OF WHAT COUNTRY U. S. A.

13. FATHER'S NAME James R. Kirk
14. MOTHER'S MAIDEN NAME Margaret Cumons.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS James Kirk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. C. Dodson MD DME (Degree or title) ADDRESS Rising Sun Md DATE SIGNED 10-24-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 26, 1952
NAME OF CEMETERY OR CREMATORY Bethel Cemetery
LOCATION (City, town, or county) (State) Nr. Chesapeake City, Md.

DATE REC'D BY LOCAL REG. October 24 1952
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR H. W. Pippin & Son, Elkton, Md DD. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS. A15 8-52

1. PLACE OF DEATH:
COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 5 yr. 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1015 Mass. Ave., N. E.

3. NAME OF DECEASED (Type or Print): (First) ELMON (Middle) CASPER (Last) KOCH

4. DATE OF DEATH: (Month) Oct. (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 18, 1886

9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM KOCH

14. MOTHER'S MAIDEN NAME: ELLA MAY MURRAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Uremia, terminal	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic cardiovascular renal disease	1 year
	DUE TO (c) Chronic emphysema and bronchitis	Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Involutional melancholia — Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-5-, 1947, to 10-4-52 XXX, and that death occurred at 10:50 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

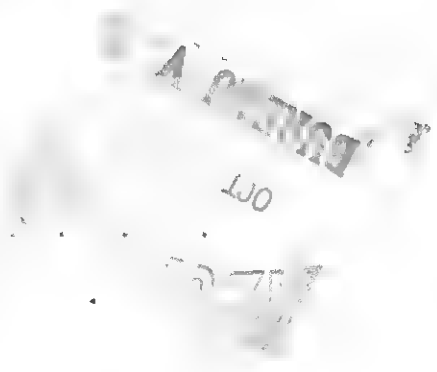
W. OPPLER, M.D., Actg. Chief, Professional Services, VAH, Perry Point, Md. 10-6-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 10-6-52 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Ft. Meyer, Virginia

DATE REC'D BY LOCAL REG. Oct 6, 1952 — REGISTRAR'S SIGNATURE: Ida M. Daughety act. Reg.

24. FUNERAL DIRECTOR ADDRESS: Pennington & Son

PENNINGTON & SON, HAVRE DE GRACE, MD.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH COUNTY: Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place): 7 dy.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R. F. D. # Elkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Matilda Kolkka			4. DATE OF DEATH (Month) (Day) (Year): Oct. 19 1952		
5. SEX: F	6. COLOR OR RACE: Wh.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Oct. 27, 1893	9. AGE last birthday: 58 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): House Wife	10b. KIND OF BUSINESS OR INDUSTRY: At Home		11. BIRTHPLACE (State or foreign country): Finland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Andrew Hamolainen			14. MOTHER'S MAIDEN NAME: No Information		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS: Mariam Jutras Provdence, R. I.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH (Stroma) — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Tumor of the Brain — 3 weeks

193X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: about 3 wks ago Univ. Pa	19b. MAJOR FINDINGS OF OPERATION: Carcinoma of 4th Ventricle Brain	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) — (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8 s/t 30th 1952 to Oct 19th 1952, that I last saw the deceased alive on Oct 18, 1952, and that death occurred at 1.30 p.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): M.D. ADDRESS: 202 S Main St Elkton Md DATE SIGNED: 10/20/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: Oct. 22, 52	NAME OF CEMETERY OR CREMATORY: Gilpin Manor Memo. Pk.	LOCATION (City, town, or county) (State): Elkton R. D. Md.
DATE REC'D BY LOCAL REG.: Oct 22	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: H. W. Pippin & Son	ADDRESS: Elkton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge
LENGTH OF STAY (In this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Merrimack Park, Norfolk,
STREET ADDRESS (If rural, give location) 8821 Nipsic Lane

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) LIGHT (Last) KRAUSE
4. DATE OF DEATH: (Month) 10 (Day) 9 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 6-7-22
9. AGE last birthday: 30 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U. S. Navy
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Navy
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John David Krause
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) 9 yrs.
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Information taken from Service Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemopneumothorax traumatic

825.4

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 222. | (CITY OR TOWN) Port Deposit (COUNTY) Cecil (STATE) Md.

TIME OF INJURY (Month) 10 (Day) 9 (Year) 52 (Hour) 10:35 AM | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Accident on Route #222 by Auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) R. C. DODSON, MD — ADDRESS Rising Sun, Md. — DATE SIGNED 10/9/52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE THEREOF 10-10-52 | NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery | LOCATION (City, town, or county) (State) Lebanon Penna.

DATE REC'D BY LOCAL REG. 10-9-52 | REGISTRAR'S SIGNATURE Dorothy E. Bramble | 24. FUNERAL DIRECTOR, ADDRESS Lewis Patterson & Son Perryville, Md.

VS-A15A

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BUREAU V. S.
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 72

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Coventown md
LENGTH OF STAY (in this place) 93 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Coventown md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) B. (Last) Krause

4. DATE OF DEATH (Month) Oct (Day) 20 (Year) 1952

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Jan 7-1859
9. AGE last birthday 93 yrs. If under 1 year Months. Days. If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Md Record
14. MOTHER'S MAIDEN NAME Md Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Mabel Raleigh Coventown md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) myocardial infarction	1/2 hr.
174 X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) carcinoma of uterus	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic interstitial nephritis. ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 10, 1947, to Oct 20, 1952, that I last saw the deceased alive on Oct 20, 1952, and that death occurred at 7 30 p.m., from the causes and on the date stated above.

SIGNATURE Wallace M Johnson (Degree or title) md. ADDRESS Newark Dela. DATE SIGNED 10/21/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Oct 23
NAME OF CEMETERY OR CREMATORY West Nottingham md
LOCATION (City, town, or county) West Nottingham (State)

DATE REC'D BY LOCAL REG. Oct 21
REGISTRAR'S SIGNATURE F. R. Frazer
24. FUNERAL DIRECTOR R. J. Jones Newark Del ADDRESS

OCT
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]12

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 6700-5th Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) MCWILLIAMS (Last) LEMON
4. DATE OF DEATH: (Month) 10-15 (Day) (Year) 19 52
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 6-13-91
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Chemist
10b. KIND OF BUSINESS OR INDUSTRY: Fish & Wildlife Service (Govt)
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Walter T. Lemon
14. MOTHER'S MAIDEN NAME: Nancy J. Pearson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) Pneumonia, Right Lower Lobe	48 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cardiac failure	Unk.
	DUE TO (c) Arteriosclerotic Heart Disease	Unk.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-23 ,1952 , to 10-15 , 19 52, and that death occurred at 12:40 A.M. from the causes and on the date stated above.

SIGNATURE: W. OPPLER, M.D.
(Degree or title): Actg. Chief, Professional Services, VAH, Perry Point, Md.
ADDRESS
DATE SIGNED: 10-15-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal (Burial)
DATE THEREOF: 10-17-52
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Ft. Meyer, Virginia
DATE REC'D BY LOCAL REGISTRAR: Oct. 15, 1952
REGISTRAR'S SIGNATURE: Ida M. Daugherty act Reg.
24. FUNERAL DIRECTOR: The S.H. Hines Co.
ADDRESS: THE S. H. HINES CO., Washington, D.C.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HERBERT (Middle) McCLELLAN (Last) LESTER.
4. DATE OF DEATH (Month) Oct (Day) 24 (Year) 1952
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 1-30-1932.
9. AGE last birthday 20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor Aerial Bird
10b. KIND OF BUSINESS OR INDUSTRY Powder Man
11. BIRTHPLACE (State or foreign country) Jaeger W. Va.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Luster Lester
14. MOTHER'S MAIDEN NAME Ruth Damson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Harrison Cline

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.4 Immediate cause (a) Compound Fracture of skull.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Occipital Bone. abrasions

(c) over body.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 40 (CITY OR TOWN) Elkton (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 10 (Day) 24 (Year) 52 (Hour) 10.30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Ran into path of Auto.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. LeDockson (Degree or title) MD DME ADDRESS Rising Sun Md. DATE SIGNED 10-25-52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Oct -52
NAME OF CEMETERY OR CREMATORY Jaeger
LOCATION (City, town, or county) Jaeger (State) W. Va.
DATE REC'D BY LOCAL REG. Oct 28-52
REGISTRAR'S SIGNATURE Sarah E. Rothermel
24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge, Md. — LENGTH OF STAY (in this place) 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Alabama — COUNTY Jefferson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pinson
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) ALBERT (Last) MONCRIEF
4. DATE OF DEATH: (Month) 10 (Day) 2 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9-27-09
9. AGE last birthday: 43 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U. S. Navy
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Navy
11. BIRTHPLACE (State or foreign country): Alabama
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Gilbert Moncrief
14. MOTHER'S MAIDEN NAME: Ethel Nora Hurst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 21 yrs
16. SOCIAL SECURITY No.: -----
17. INFORMANT AND ADDRESS: Information taken from Service Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Sub-Arachnoid Hemorrhage — 3 hrs

330X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Vascular Disease — unk.

(c) Congenital Absence of left kidney

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/2, 1952, to 10/2, 1952, that I last saw the deceased alive on 10/2, 1952, and that death occurred at 12:35 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Andrew J. Laudano
ANDREW J. LAUDANO, LT MC USNR — U.S.NAVAL HOSPITAL, BAINBRIDGE, MD. — 10/3/52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial | DATE: 10-3-52 | NAME OF CEMETERY OR CREMATORY: Methodist Church Cemetery | LOCATION (City, town, or county) (State): Birmingham, Jefferson Co. ALA

DATE REC'D BY LOCAL REG.: 10/2/52 | REGISTRAR'S SIGNATURE: Dorothy B. Brumbl | 24. FUNERAL DIRECTOR / ADDRESS: J. A. Patterson & Son Perryville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 15

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 9yr.10days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 1706 Kenilworth Avenue,N.E. ✓

3. NAME OF DECEASED: (First) WILBERT (Middle) H. (Last) PARKS
4. DATE OF DEATH: (Month) October (Day) 12 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Negro	Married	10-16-1888	63 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Waiter
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Chattanooga, Tenn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hesley G. Parks - Deceased
14. MOTHER'S MAIDEN NAME: Palee Hamm - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

430.1
Immediate cause (a) Acute Coronary Thrombosis — Interval Between Onset And Death: Less than 24 hours
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardiovascular disease — Unknown
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 10-2 ,1943 , to 10-12 , 1952, that I last saw the deceased on and that death occurred at 9:10 A.M. , from the causes and on the date stated above.

SIGNATURE: W. OPPIZER, M.D. (Degree or title) ADDRESS: Acting Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED: 10-13-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 10-13-52 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR: Oct. 13, 1952 — REGISTRAR'S SIGNATURE: Ida M. Daugherty Act'g Reg.

24. FUNERAL DIRECTOR: Barnes & Matthews — ADDRESS: BARNES & MATTHEWS, 614-4th St.S.W. Wash.D.C.

VS. A15.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 97

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bainbridge — LENGTH OF STAY (in this place): 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Pennsylvania — COUNTY: Fayette
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Masontown
STREET ADDRESS (If rural, give location): 311 North Main Street ✓

3. NAME OF DECEASED (Type or Print): (First) ARTHUR (Middle) JOHN (Last) PASTOR
4. DATE OF DEATH: (Month) 10-24 (Day) (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 1-30-33
9. AGE last birthday: 19 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JOHN PASTOR
14. MOTHER'S MAIDEN NAME: HELEN VAYO
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): 1951-1952
16. SOCIAL SECURITY NO.: 163-24-6094
17. INFORMANT AND ADDRESS: Information taken from Service Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Subarachnoid Hemorrhage

330 X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-24, 1952, to 10-24, 1952, that I last saw the deceased alive on 10-24, 1952, and that death occurred at 7:35 A. m., from the causes and on the date stated above.

SIGNATURE: A. J. Laudano — (Degree or title) — ADDRESS — DATE SIGNED
A. J. LAUDANO, LT MC USNR U. S. NAVAL HOSPITAL, BAINBRIDGE, MD. 10-27-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal & Burial — DATE: 10-25-52 — NAME OF CEMETERY OR CREMATORY: Sacred Heart Hungarian R.C. Catholic Church Cemetery — LOCATION (City, town, or county): Brownsville, Fayette (State): Pa.

DATE REC'D BY LOCAL REG.: 10-24-52 — REGISTRAR'S SIGNATURE: Dorothy B. Bramble — 24. FUNERAL DIRECTOR: Fidel Patterson & Son — ADDRESS

OCT
DONALD K

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East; HOSPITAL OR INSTITUTION OR STREET ADDRESS

MARYLAND — LENGTH OF STAY (In this place) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harold		Preston	10	4	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	1-24-1910	42 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	—	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Slyvester Preston	Ella Cullum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Mrs Harold Preston North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

422.2 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
0			m.		

22. I hereby certify that I attended the deceased from Oct. 4, 1952 to Oct. 4, 1952 that I last saw the deceased alive on Oct. 4, 1952, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
C Blackins, M.D.	North East, Md.	10-6-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-7-52	Baker	Aberdeen-Harford Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-8-52	Sarah E. Rothermel	Joseph R Grant	North East Md

OCT 8 1-2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

19

1. PLACE OF DEATH COUNTY: Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit — LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): N. Main

3. NAME OF DECEASED (Type or Print) (First) Cleveland (Middle) J. (Last) Reynolds				4. DATE OF DEATH (Month) Oct. 1 (Day) 1952 (Year) 19	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: 12-23-1884	9. AGE last birthday: 67 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman, Retired	10b. KIND OF BUSINESS OR INDUSTRY: USV, Power House.	11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Henry Reynolds		14. MOTHER'S MAIDEN NAME: Sarah Jane Archibald			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Francis Reynolds, Port Deposit, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause	(a)	Myocarditis	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Chronic Passive Congestion with	48 hrs
	(c)	Ultimate Myocardial Failure	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gastro-Enteritis Acute — 1 wk

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Aug, 1948, to Oct 1, 1952, that I last saw the deceased alive on Sept 30, 1952, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Port Deposit Cecil Md DATE SIGNED: 10-3-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 10-3-1952	NAME OF CEMETERY OR CREMATORY: West Nottingham	LOCATION (City, town, or county) (State): Colora, Md. Rural
DATE REC'D BY LOCAL REG.: Oct 3 1952	REGISTRAR'S SIGNATURE: Ida M. Laughenty Act Reg.	24. FUNERAL DIRECTOR: Lee A. Patterson & Son, Perryville, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON
LENGTH OF STAY (in this place) 51 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD 5

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON
STREET ADDRESS (If rural give location) RD 5

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) H. (Last) RICHARDS

4. DATE OF DEATH (Month) 10 (Day) 23 (Year) 1952

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 2-5-1869
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAPER MAKER
10b. KIND OF BUSINESS OR INDUSTRY RETIRED 18 YRS
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME JOHN RICHARDS
14. MOTHER'S MAIDEN NAME ELIZA HOFFMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-09-1813
17. INFORMANT Mrs John H Richards

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442X Immediate cause	(a) Uremia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio vascular renal	15 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1925, to 10/23, 1952, that I last saw the deceased alive on Oct 23rd, 1952, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE J Herbert Bates (Degree or title) M.D. ADDRESS Elkton Md DATE SIGNED 10/24/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-27-1952
NAME OF CEMETERY OR CREMATORY Methodist
LOCATION (City, town, or county) Cherry Hill Cecil Co (State) Md

DATE REC'D BY LOCAL REG. Oct 25
REGISTRAR'S SIGNATURE F K Frazer
24. FUNERAL DIRECTOR Joseph R Grant ADDRESS North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1421

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (in this place) 7 years; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 227 West High St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; STREET ADDRESS (If rural give location) 227 West High St.

3. NAME OF DECEASED (Type or Print): (First) Mae (Middle) Carter (Last) Roberts

4. DATE OF DEATH: (Month) October (Day) 5 (Year) 1952

5. SEX: Fe

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 11, 1886

9. AGE last birthday: 66 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector

10b. KIND OF BUSINESS OR INDUSTRY: Plasticoid Products Co.

11. BIRTHPLACE (State or foreign country): Rockdale, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Roberts

14. MOTHER'S MAIDEN NAME: Josephine Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 166-01-0023

17. INFORMANT: Mrs. Samuel Trimble

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Accident	4 days
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 1952 to 10-5, 1952 that I last saw the deceased alive on 10-4, 1952 and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE: James L. Johnson (Degree or title) M.D. ADDRESS 245 E. High St. Elkton, Md. DATE SIGNED Oct. 6, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10/18/52 | NAME OF CEMETERY OR CREMATORY: Elkton Cemetery | LOCATION (City, town, or county) (State): Elkton, Maryland

DATE REC'D BY LOCAL REG. Oct 8 | REGISTRAR'S SIGNATURE: L.R. Frazer

24. FUNERAL DIRECTOR: H. Walter du Bois Jr. ADDRESS: Elkton

OCT 9 1 3
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North East; LENGTH OF STAY (in this place) 36 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Cecil; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North East; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ELIZABETH (Last) SHIFFLETT

4. DATE OF DEATH: (Month) 10 (Day) 19 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-13-1879

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Norfolk Va

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: — Whitehurst

14. MOTHER'S MAIDEN NAME: no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Charles R Shiffllett North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	4 mo-14 d
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic interstitial nephritis	4 years
	(c) Hypertensive Cardiovascular Renal Disease	5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept, 1951, to 19 Oct, 1952, that I last saw the deceased alive on 19 Oct, 1952, and that death occurred at 7:08 P m., from the causes and on the date stated above.

SIGNATURE: Hans H. Hartman (Degree or title) M.D. ADDRESS: North East, Md DATE SIGNED: 22 Oct '52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10-22-1952

NAME OF CEMETERY OR CREMATORY: Methodist

LOCATION (City, town, or county) (State): North East Cecil Co Md

DATE REC'D BY LOCAL REG. 10-22-52

REGISTRAR'S SIGNATURE: Sarah E. Rothermel

24. FUNERAL DIRECTOR: Joseph R Grant ADDRESS: North East Md

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-52

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural, give location): 393 W. Main Street

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) (Last) SHORT

4. DATE OF DEATH: (Month) October (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 15, 1900

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: General Labor

11. BIRTHPLACE (State or foreign country): Elkton, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Zebbie Short

14. MOTHER'S MAIDEN NAME: Anna Foreacre

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Mrs. George Slick, 393 W. Main St. Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO: Pulmonary Tuberculosis	2 years
	(c) DUE TO:	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to Oct 7, 1952, that I last saw the deceased alive on Oct 7, 1952, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE: Herbert Bates (DEGREE OR TITLE) M.D. ADDRESS Elkton Md DATE SIGNED 10/8/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10-10-52 — NAME OF CEMETERY OR CREMATORY: New Catholic Cemetery — LOCATION (City, town, or county) (State): near Elkton, Md.

DATE REC'D BY LOCAL REG.: Oct 9 — REGISTRAR'S SIGNATURE: H R Frazer

24. FUNERAL DIRECTOR — ADDRESS: H. W. Pippin & Son, Elkton, Md.

by CP

OCT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH
COUNTY Cecil County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warwick, Md | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warwick, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) FRED (Middle) (Last) SMITH

4. DATE OF DEATH: (Month) Oct (Day) 12 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 1868

9. AGE last birthday: 84 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm tenant

10b. KIND OF BUSINESS OR INDUSTRY: Retired Farmer

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Abraham Smith

14. MOTHER'S MAIDEN NAME: Charlotte Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Almeda Smith, Warwick, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary artery disease — Interval between onset and death: 4 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

42 1.1

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 8, 1952, to Oct 12, 1952, that I last saw the deceased alive on Oct 11, 1952, and that death occurred at 9:15 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Aaron R. Buckley M.D. — ADDRESS: Middletown, Del — DATE SIGNED: 10-13-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Oct 15, 1952 | NAME OF CEMETERY OR CREMATORY: Warwick Cemetery | LOCATION (City, town or county) (State): Warwick Md

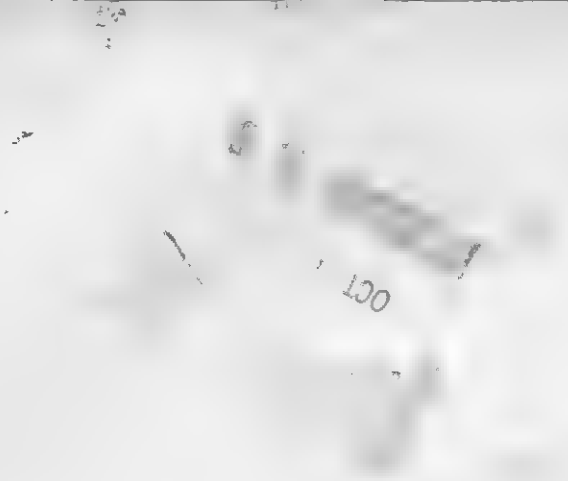
DATE REC'D BY LOCAL REG.: Oct 14 52 | REGISTRAR'S SIGNATURE: Mrs Hazel W Clayton

24. FUNERAL DIRECTOR: J. Lester Daniels — ADDRESS: Middletown, Del

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (In this place) 46 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 Clinton St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 115 Clinton St.

3. NAME OF DECEASED (Type or Print): (First) Reba (Middle) (Last) Tasco

4. DATE OF DEATH: (Month) Oct. (Day) 15 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10/23/05

9. AGE last birthday: 46 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Elkton Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Hughes

14. MOTHER'S MAIDEN NAME: Rebia Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Augustus Tasco

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 X

Immediate cause (a) Carcinoma of Breast — Interval between onset and death: 1 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Edema

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1952, to Oct 15, 1952, that I last saw the deceased alive on Oct 15, 1952 and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James L. Johnson M.D. 145 E. High St. Elkton, Md. 10/17/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct. 19-52 | NAME OF CEMETERY OR CREMATORY: Groveland Cemetery | LOCATION (City, town, or county) (State): Elkton Md.

DATE REC'D BY LOCAL REG. Oct 19 | REGISTRAR'S SIGNATURE: H.S. Frazer

24. FUNERAL DIRECTOR: John R Bell | ADDRESS: Wil. Nela.

OCT 21

26

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elk Mills
LENGTH OF STAY (in this place) Lifelife
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elk Mills
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HOWARD (Middle) PORTER (Last) Widdoes
4. DATE OF DEATH (Month) 10 (Day) 17 (Year) 1952.
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 8-17-1900
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Weaver
10b. KIND OF BUSINESS OR INDUSTRY Textile
11. BIRTHPLACE (State or foreign country) Marshallton, Del.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas Widdoes
14. MOTHER'S MAIDEN NAME Lydia Jane Hamilton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war, [illegible] of service) 2 W.W.
16. SOCIAL SECURITY NO. 217-05-6221
17. INFORMANT AND ADDRESS Elsie H. Wharton, Elk Mills Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary disease

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. C. Dodson M.D. (Degree or title) D.M.E. ADDRESS Rising Sun Md DATE SIGNED 10-19-52.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/22/52
NAME OF CEMETERY OR CREMATORY Cherry Hill Cemetery
LOCATION (City, town, or county) Cherry Hill (State) Maryland
DATE REC'D BY LOCAL REG. Oct 21
REGISTRAR'S SIGNATURE F. R. Frazer
24. FUNERAL DIRECTOR H. Walter du Bose, Jr. ADDRESS Elkton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11427

CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ceilton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ceilton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) HERBERT (Middle) (Last) WILSON

4. DATE OF DEATH: (Month) Oct. (Day) 19, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: No Record in Bible Unknown
9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fr. Mon. Co. Yard
10b. KIND OF BUSINESS OR INDUSTRY: Yard Man
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? Usa.

13. FATHER'S NAME: George S. Wilson
14. MOTHER'S MAIDEN NAME: Ella Harris

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: Lost
17. INFORMANT & ADDRESS: Ella Wilson Ceilton Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: 8/2/52

443x Immediate cause (a) Coronary Insufficiency
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardiac Hypertrophy
DUE TO
(c) Hypertension

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/2, 1952, to 10/19, 1952, that I last saw the deceased alive on 10/7, 1952 and that death occurred at 1:30 pm from the causes and on the date stated above.

SIGNATURE James Johnson (Degree or title) M.D. ADDRESS 245 E. High St. Elkton Md. DATE SIGNED 10/21/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 23/1952
NAME OF CEMETERY OR CREMATORY Ceilton Am.
LOCATION (City, town, or county) Ceilton (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct 23-52
REGISTRAR'S SIGNATURE Mrs Harold McCleary
24. FUNERAL DIRECTOR Edward Pellow ADDRESS Millington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11428

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville; LENGTH OF STAY (In this place): Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville; STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) M. (Last) Wright

4. DATE OF DEATH: (Month) Oct. (Day) 8, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8-19-1878

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Gallion

14. MOTHER'S MAIDEN NAME: Avarilla Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Andrew Pasqualini, Havre De Grace Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Sigmoid

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 17, 1952, to Oct 2, 1952, that I last saw the deceased alive on Oct 2, 1952, and that death occurred at 7:15 P. m., from the causes and on the date stated above.

SIGNATURE: E. J. Simon (Degree or title) M D ADDRESS: Havre De Grace DATE SIGNED: 11-8-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10-11-1952

NAME OF CEMETERY OR CREMATORY: Principio

LOCATION (City, town, or county) (State): Principio Furnace, Md.

DATE REC'D BY LOCAL REG. Oct 11, 1952

REGISTRAR'S SIGNATURE: Ida M. Daugherty act Reg.

24. FUNERAL DIRECTOR: Wm. A. Patterson & Son ADDRESS: Perryville, Md.

RECEIVED
OCT 14
BUREAU V. S.